

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

SEP 01 2006

Form (RF-3)

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective September 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$505,000</u>	<u>0.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting NCCI's January 1, 2006 loss costs adjusted by our multiplier of 2.836 with deviations of -17.3% for Hardware, -20.9% for Wholesale and -24.5% for Implement Dealers.

Overall Rate level Change is 0 as per Cover letter

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS/IDFPR
U 1 2006

American Hardware Mutual Ins Co
Name of Company

Michael Wiseman, FCAS, Treasurer
Official - Title

SPRINGFIELD, ILLINOIS

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 8/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 14,095,162	10.7%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Change loss cost multiplier of 1.40 to 1.55 applicable to our currently filed 1/1/2006 NCCI Loss Costs (delayed effective date of April 1, 2006) to be effective for all new and renewal policies on and after August 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Interstate Insurance Company
Name of Company

Kathy Wells, State Filings Coordinator
Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 10-1-06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$8,208,498</u>	<u>+0.3%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?

If so, specify: Applies to all territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to switch from using NCCI's advisory rates in Illinois to using NCCI's loss costs with a company specific multiplier.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

OCT 01 2006

SPRINGFIELD, ILLINOIS

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Bituminous Casualty Corporation

Name of Company

Dan Trotter, Director - Rate Development & Filings

Official - Title

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate
revision effective 10-1-06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$6,594,109</u>	<u>+0.3%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: Applies to all territories

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Filing to switch from using NCCI's advisory
rates in Illinois to using NCCI's loss costs with a company specific multiplier.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Bituminous Fire and Marine Insurance Company
Name of Company

Dan Trotter, Director - Rate Development & Filings
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

July 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	312,400	-7.8%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 1/1/2006 loss costs and change the company deviation from +30% to +15%

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Crum & Forster Indemnity Company

Name of Company

Arthur A. Overholser

Official - Title

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
JUL 1 2006JUL 1 2006
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

AUG - 1 2006

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	312,400	-7.8%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 1/1/2006 loss costs and change the company deviation from +30% to +15%

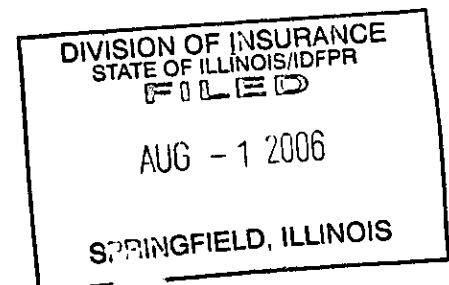
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Crum & Forster Indemnity Company
Name of Company

Official - Title

Effective Date
changed - only



Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

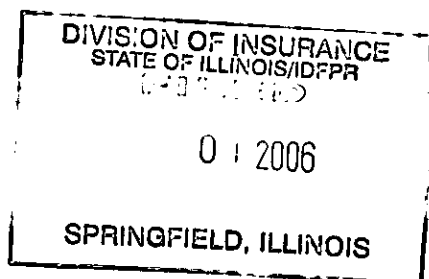
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective August 1st, 2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$5,729,493	+16.4%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: Not ApplicableBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): LCM Revision and Premium Discount Change

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.

Farmers Insurance Exchange

Name of Company

FILED

James J. Gebhard, FCAS, MAAA - Actuary

Official--Title

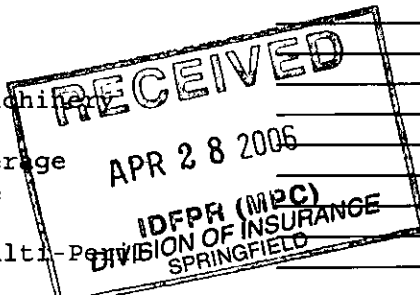
MAR 17 1983

SOS - ISL - CODE UNIT

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 9/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Purpose		
14. Crop Hail		
15. Other Workers Compensation	626,213	4.0
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____

Adopt 1/1/05 and 1/1/06 rate revisions

and DTEC as set forth in NCCI Circulars IL-2004-05, IL-2005-11, CIF-2004-09

and CIF-2005-11

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

VISION OF INSURANCE
STATE OF ILLINOIS/IDFP
FILED

SEP 01 2006

SPRINGFIELD, ILLINOIS

Graphic Arts Mutual Insurance Company
Name of Company

George T. Dodd - Vice President/Actuary
Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective September 1, 2006

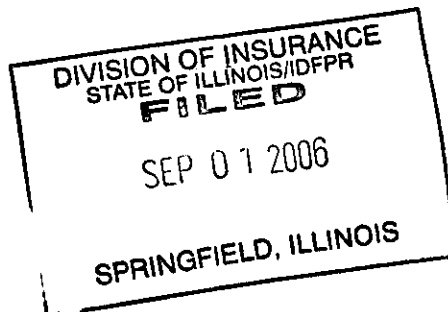
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers'		
Compensation	1,263,496	+2.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate Revision

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Hastings Mutual Insurance Co.
 Name of Company

Judy E. Van Aman
Product Manager
 Official - Title

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective August 1st, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Life of Insurance	\$1,263,187	-0.6%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Not ApplicableBrief description of filing. (if filing follows rates of an advisory organization, specify organization): LCM Revision and Premium Discount Change

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

Mid-Century Insurance Company

Name of Company

FILED

JUL 01 2006

James J. Gebhard, FCAS, MAAA - Actuary

Official--Title

MAR 17 1983

SPRINGFIELD, ILLINOIS

SOS - ISE - CODE UNIT

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/15/06 -New Bus, 11/15/06 -Renewal

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	11,708	+12.2
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are making a filing that will give the Nationwide companies the same product used by the Allied group of companies. The overall effect of this filing on the Nationwide group of companies is +12.2%.

*Adjusted to reflect all prior rate changes.

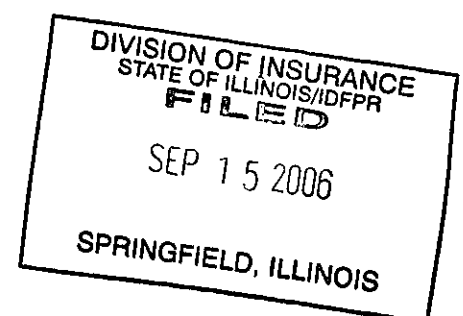
**Change in Company's premium level which will result from application of new rates.

Nationwide Mutual Fire Insurance Company

Name of Company

Duane Hartley - Sr. Filing Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/15/06 -New Bus, 11/15/06 -Renewal

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	1,261,816	+12.2

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are making a filing that will give the Nationwide companies the same product used by the Allied group of companies. The overall effect of this filing on the Nationwide group of companies is +12.2%.

*Adjusted to reflect all prior rate changes.

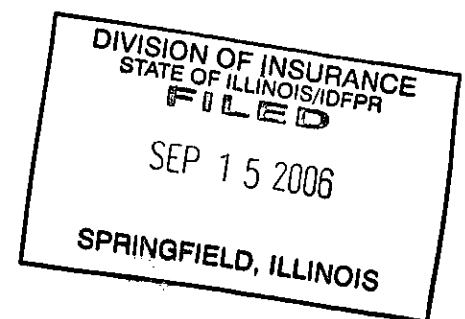
**Change in Company's premium level which will result from application of new rates.

Nationwide Mutual Insurance Company

Name of Company

Duane Hartley - Sr. Filing Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/15/06 -New Bus, 11/15/06 -Renewal

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	10,479	+12.2

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

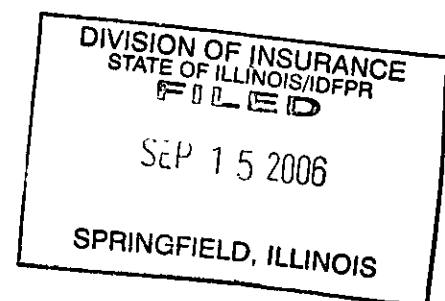
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are making a filing that will give the Nationwide companies the same product used by the Allied group of companies. The overall effect of this filing on the Nationwide group of companies is +12.2%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Property & Casualty Insurance Company
Name of Company

Duane Hartley - Sr. Filing Analyst
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

July 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	2,447,283	-11.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

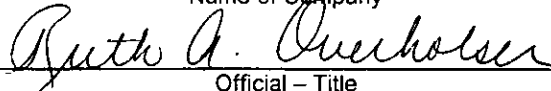
To adopt NCCI's 1/1/2006 loss costs and change the company deviation from 0% to -15%

*Adjusted to reflect all prior rate changes.

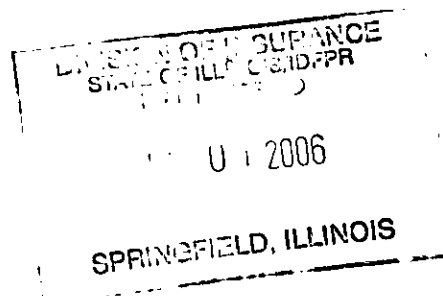
**Change in Company's premium level which will result from application of new rates.

The North River Insurance Company

Name of Company



Official - Title



Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

August 1, 2006

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	2,447,283	-11.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

To adopt NCCI's 1/1/2006 loss costs and change the company deviation from 0% to -15%

*Adjusted to reflect all prior rate changes.

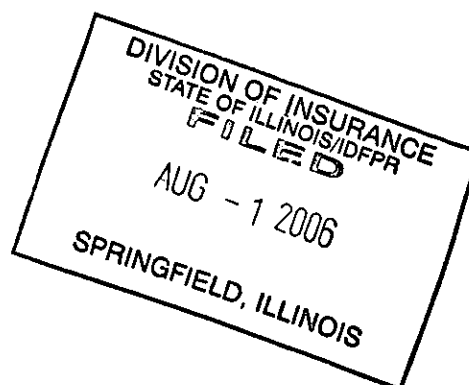
**Change in Company's premium level which will result from application of new rates.

The North River Insurance Company

Name of Company

Official - Title

Effective
Date Change
Only



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>5,806</u>	<u>+6.3% = 6,172</u>
16. Other _____		
Line of Insurance		

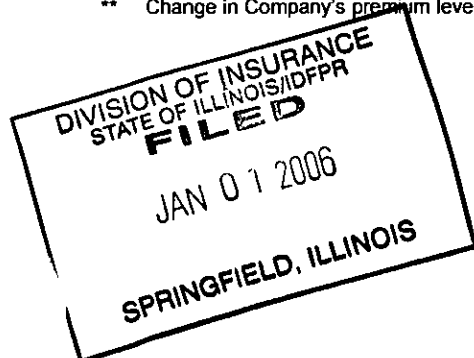
Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI Advisory Loss Cost Filing to be effective January 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Preferred Professional Insurance Company

Name of Company

Jim McCoy

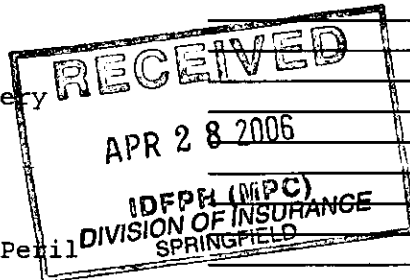
Official — Title

Jim McCoy, VP-Ins Operations Division

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 9/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>28,134</u>	<u>4.0</u>
<u>Line of Insurance</u>		



Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____

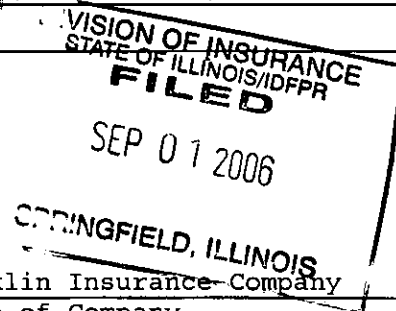
Adopt 1/1/05 and 1/1/06 rate revisions

and DTEC as set forth in NCCI Circulars IL-2004-05, IL-2005-11, CIF-2004-09

and CIF-2005-11

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.



Republic-Franklin Insurance Company
Name of Company

George T. Dodd - Vice President/Actuary
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 6/11/06.

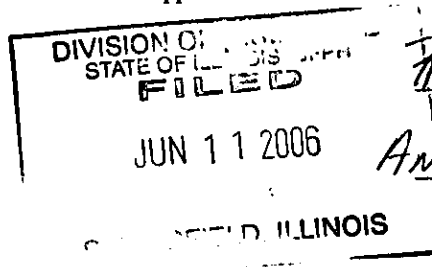
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>3,341,000</u>	<u>6.390</u>
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) ILLINOIS - VOLUNTARY MARKET - ADVISORY RATES + RATING VALUES
EFF. JANUARY 1, 2006.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Rockwood Casualty Ins. Co.

Name of Company

ANDRA M. SNYDER, REGULATORY
 Official — Title COMPLIANCE OFFICER.

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective August 1st, 2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$13,379,185	+6.8%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: Not ApplicableBrief description of filing. (if filing follows rates of an advisory
organization, specify organization): LCM Revision and Premium Discount Change

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of

new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS /IDFPR

Truck Insurance Exchange

Name of Company

FILED

James J. Gebhard, FCAS, MAAA - Actuary

Official--Title

MAR 17 1983

SOS - ISL - CODE UNIT

U 1 2006
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

July 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	7,622,568	-11.8%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

To adopt NCCI's 1/1/2006 loss costs and change the company deviation from 18% to 0%

*Adjusted to reflect all prior rate changes.

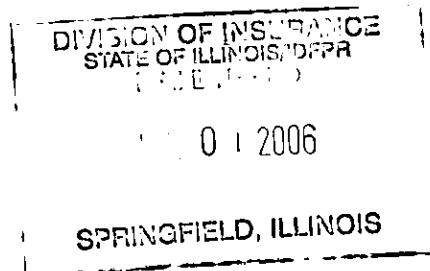
**Change in Company's premium level which will result from application of new rates.

United States Fire Insurance Company

Name of Company

Ruth A. Overholser

Official - Title



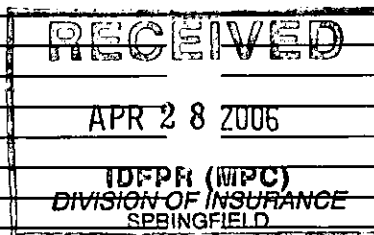
SEP 01 2006

Form (RF-3)

SUMMARY SHEET SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate
revision effective 9/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	5,380,272	3.4
<u>Line of Insurance</u>		



Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopt 1/1/05 and 1/1/06 rate revisions
and DTEC as set forth in NCCI Circulars IL-2004-05, IL-2005-11, CIF-2004-09
and CIF-2005-11

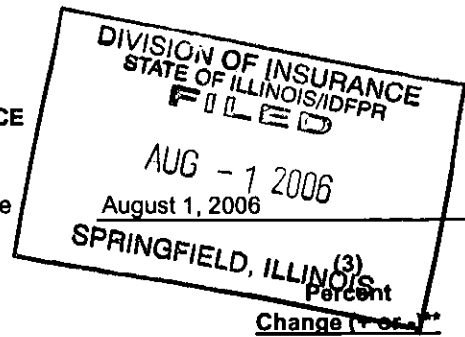
- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Utica Mutual Insurance Company
Name of Company

George T. Dodd - Vice President/Actuary
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Change (Percent)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	7,622,568	-11.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 1/1/2006 loss costs and change the company deviation from 18% to 0%

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

United States Fire Insurance Company
Name of Company

Official - Title

Effective Rate
Changed - only